HCUP

HEALTHCARE COST AND UTILIZATION PROJECT

NIS Application Kit, Final Version
Deliverable #108.13

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Nationwide Inpatient Sample (NIS)

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This package contains information on the Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup") Central Distributor. It provides details about the Nationwide Inpatient Sample (NIS) available through the HCUP Central Distributor and includes an application for this database.

DESCRIPTION OF HEALTHCARE COST AND UTILIZATION PROJECT (HCUP)

A Federal-State-Industry Partnership in Health Data

The Healthcare Cost and Utilization Project (HCUP) is a family of healthcare databases and related software tools and products developed through a Federal-State-industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of state data organizations, hospital associations, private data organizations, and the Federal government to create a national information resource of patient-level health care data. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, state and local market levels.

All of the HCUP databases contain patient-level information for either inpatient or ambulatory surgery stays in a uniform format while protecting patient privacy. The Nationwide Inpatient Sample (NIS) includes inpatient data from a nationwide sample of approximately 1000 hospitals. The State Inpatient Databases (SID) cover inpatient care in 33 States and represent more than eighty percent of all U.S. hospital discharges. The State Ambulatory Surgery Databases (SASD) cover ambulatory surgery care in 18 states. The Kids' Inpatient Database (KID) contains data from a nationwide sample of inpatient discharges that had an age at admission of 20 years or less in the 2000 KID and an age at admission of 18 years or less in the 1997 KID.

HCUP's objectives are to: (1) obtain data from statewide information sources, (2) design and develop a multi-State health care database for health services research and health policy analysis, and (3) make these data available to a broad set of public and private users.

The uniform data in HCUP make possible comparative studies of health care services and the use and cost of hospital care. Studies include the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations.

This package contains information on the 1988-2001 NIS databases available through the HCUP Central Distributor. Other HCUP databases available through the HCUP Central Distributor include:
- The 1995-2001 SID,
- The 1997-2001 SASD,
- The 1997 and 2000 KID.

Information on HCUP products and services is available on the World Wide Web on the AHRQ Website http://www.ahrq.gov/data/hcup or on the AHRQ-sponsored HCUP Website at http://www.hcup-us.ahrq.gov.

INTRODUCTION TO THE HCUP NATIONWIDE INPATIENT SAMPLE (NIS)

Overview of NIS Data

The Nationwide Inpatient Sample contains all-payer data on hospital inpatient stays from States participating in the Healthcare Cost and Utilization Project (HCUP). Each year of the NIS provides information on approximately 5 million to 8 million inpatient stays from about 1,000 hospitals. All discharges from sampled hospitals are included in the NIS database.

The NIS contains patient-level clinical and resource use information included in a typical discharge abstract. The NIS can be linked directly to hospital-level data from the American Hospital Association (AHA) Annual Survey of Hospitals and to county-level data from the Health Resources and Services Administration Bureau of Health Professions' Area Resource File (ARF), except in those states that do not allow the release of hospital identifiers.

The NIS is designed to approximate a 20-percent sample of U.S. community hospitals, defined by the AHA to be "all nonfederal, short-term, general, and other specialty hospitals, excluding hospital units of institutions." Included among community hospitals are specialty hospitals such as obstetrics-gynecology, ear-nose-throat, short-term rehabilitation, orthopedic, and pediatric institutions. Also included are public hospitals and academic medical centers. Excluded are short-term rehabilitation hospitals (beginning with 1998 data), long-term hospitals, psychiatric hospitals, and alcoholism/chemical dependency treatment facilities.

This universe of U.S. community hospitals is divided into strata using five hospital characteristics: ownership/control, bed size, teaching status, urban/rural location, and U.S. region.

The NIS is a stratified probability sample of hospitals in the frame, with sampling probabilities proportional to the number of U.S. community hospitals in each stratum. The frame is limited by the availability of inpatient data from the data sources.

In order to improve the representativeness of the NIS, the sampling and weighting strategy was modified beginning with the 1998 data. The full description of this process can be found in the special report on *Changes in NIS Sampling and Weighting Strategy for 1998.* This report is available on the 2001 NIS Documentation CD-ROM and on the AHRQ-sponsored HCUP Website at http://www.hcup-us.ahrq.gov. To facilitate the production of national estimates, both hospital and discharge weights are provided, along with information necessary to calculate the variance of estimates. Detailed information on the design of the NIS is available in the year-specific special reports on *Design of the Nationwide Inpatient Sample* found on the NIS Documentation CD-ROM.

NIS data sets are currently available for multiple years, as shown in Table 1. Each release of the NIS includes:

- Data in fixed-width ASCII format on CD-ROM.
- Patient-level hospital discharge abstract data for 100 percent of discharges from a sample of hospitals in participating States.
- 5 million to 8 million inpatient records per year.
- 800-1,000 hospitals per year.
- Two 10% subsamples of discharges from all NIS hospitals.
- Discharge-level weights to calculate national estimates for discharges.
- Hospital Weights File to produce national estimates for hospitals and to link the NIS to data from the American Hospital Association Annual Survey of Hospitals.
- NIS Documentation and tools, also on CD-ROM – including file specifications, programming source code for loading ASCII data into SAS and SPSS, and value labels.

Table 1. Summary of NIS Releases

Data from	Media/format	Structure of Releases
▪ 1988-1992 ▪ 8 States in 1988 ▪ 11 States in 1989-1992	On CD-ROM, in ASCII format	5 years of data in a 6-CD set, compressed files Two 10% subsamples of discharges for each year
▪ 1993 ▪ 17 states ▪ 1994 ▪ 17 states ▪ 1995 ▪ 19 states ▪ 1996 ▪ 19 states ▪ 1997 ▪ 22 states ▪ 1998 ▪ 22 states ▪ 1999 ▪ 24 states ▪ 2000 ▪ 28 states ▪ 2001 ▪ 33 States	On CD-ROM, in ASCII format	1 year of data in a 2-CD set, compressed files Two 10% subsamples of discharges

NIS Data Sources, Hospitals, and Inpatient Stays

Table 2 summarizes the data sources, number of hospitals, and number of weighted and unweighted inpatient stays in NIS data.

Table 2. Summary of NIS Data Sources, Hospitals and Inpatient Stays, 1988-2001

Year	Data sources	Number of hospitals	Number of discharges in the NIS, unweighted	Number of discharges in the NIS, weighted for national estimates
1988	CA CO FL IL IA MA NJ WA	759	5,265,756	35,171,448
1989	AZ CA CO FL IL IA MA NJ PA WA WI *(Added AZ, PA, WI)*	882	6,110,064	35,104,645
1990	AZ CA CO FL IL IA MA NJ PA WA WI *(No change)*	871	6,268,515	35,215,397
1991	AZ CA CO FL IL IA MA NJ PA WA WI *(No change)*	859	6,156,188	35,036,492
1992	AZ CA CO FL IL IA MA NJ PA WA WI *(No change)*	856	6,195,744	35,011,385
1993	AZ CA CO CT FL IL IA KS MD MA NJ NY OR PA SC WA WI *(Added CT, KS, MD, NY, OR, SC)*	913	6,538,976	34,714,530
1994	AZ CA CO CT FL IL IA KS MD MA NJ NY OR PA SC WA WI *(No change)*	904	6,385,011	34,622,203
1995	AZ CA CO CT FL IL IA KS MD MA MO NJ NY OR PA SC TN WA WI *(Added MO, TN)*	938	6,714,935	34,791,998
1996	AZ CA CO CT FL IL IA KS MD MA MO NJ NY OR PA SC TN WA WI *(No change)*	906	6,542,069	34,874,386
1997	AZ CA CO CT FL GA HI IL IA KS MD MA MO NJ NY OR PA SC TN UT WA WI *(Added GA, HI, UT)*	1,012	7,148,420	35,408,207
1998	AZ CA CO CT FL GA HI IL IA KS MD MA MO NJ NY OR PA SC TN UT WA WI *(No change)*	984	6,827,350	34,874,001
1999	AZ CA CO CT FL GA HI IL IA KS MD MA ME MO NJ NY OR PA SC TN UT VA WA WI *(Added ME, VA)*	984	7,198,929	35,467,673
2000	AZ CA CO CT FL GA HI IL IA KS KY MD MA ME MO NC NJ NY OR PA SC TN TX UT VA WA WI WV *(Added KY, NC, TX, WV)*	994	7,450,992	36,417,565
2001	AZ CA CO CT FL GA HI IL IA KS KY MD MA ME MI MN MO NC NE NJ NY OR PA RI SC TN TX UT VA VT WA WI WV *(Added MI, MN, NE, RI, VT)*	986	7,452,727	37,187,641

NIS Data Elements

All releases of the NIS contain two types of data: inpatient stay records and hospital information with weights. Table 3 and Table 4 identify the data elements that can be found in the inpatient stay and hospital weights files, respectively. Not all data elements in the NIS are uniformly coded or available across all States. This is not complete documentation for the data; please refer to the NIS Documentation CD-ROM for full documentation on all data elements, for summary statistics, and for the record layout.

Table 3. Data Elements in the NIS Inpatient Core Files, Starting in 1998

Note: Beginning in 1998, the NIS differs from previous NIS releases; some data elements were dropped, some added, and for some data elements the values were changed.

Data Element	Description (numbers in brackets indicate variable coding)
AGE	Age in years at admission
AGEDAY	Age in days (coded only when the age in years is less than 1) at admission
AMONTH	Admission month
ASOURCE	Admission source: (1) ER, (2) another hospital, (3) another facility including long-term care, (4) court/law enforcement, (5) routine/birth/other
ASOURCE_X	Admission source, as received from data source. Available beginning in 1998.
ATYPE	Admission type: (1) emergency, (2) urgent, (3) elective, (4) newborn, (6) other
AWEEKEND	Admission on weekend: (0) admission on Monday-Friday, (1) admission on Saturday-Sunday. AWEEKEND is available beginning in 1998. In 1988-1997, the data element admission day of week (ADAYWK) is available.
DIED	Indicates in-hospital death: (0) did not die during hospitalization, (1) died during hospitalization
DISCWT	Discharge weight on Core file and Hospital Weights file. In all data years except 2000, this weight is used to create national estimates for all analyses. In 2000 only, this weight is used to create national estimates for all analyses excluding those that involve total charges. Discharge weights to the sample frame and state are available only in 1988-1997.
DISCWT10	Discharge weight on 10% subsample file. In all data years except 2000, this weight is used to create national estimates for all analyses. In 2000 only, this weight is used to create national estimates for all analyses excluding those that involve total charges.
DISCWTcharge	Discharge weight for national estimates of total charges on Core file and Hospital Weights file. Only available in 2000.
DISCWTcharge10	Discharge weight for national estimates of total charges on 10% subsample file. Only available in 2000.

Data Element	Description (numbers in brackets indicate variable coding)
DISPUB92	Disposition of patient (discharge status), UB92 coding: (1) routine, (2) short term hospital, (3) skilled nursing facility, (4) intermediate care, (5) another type of facility, (6) home health care, (7) against medical advice, (8) home IV provider, (20) died in hospital, (40) died at home, (41) died in a medical facility, (42) died, place unknown, (50) Hospice, home, (51) Hospice, medical facility, (61) hospital-based Medicare approved swing bed, (62) another rehabilitation facility, (63) long term care hospital, (71) another institution for outpatient services, (73) this institution for outpatient services, (99) discharged alive, destination unknown. Less detail is available in the data element DISPUniform (beginning in 1998) and in DISP (from 1988-1997).
DISPUniform	Disposition of patient (discharge status), uniform coding: (1) routine, (2) transfer to short term hospital, (5) other transfers, including skilled nursing facility, intermediate care, and another type of facility, (6) home health care, (7) against medical advice, (20) died in hospital, (99) discharged alive, destination unknown
DQTR	Discharge quarter
DRG	Diagnosis Related Group (DRG) in use on discharge date
DRG10	DRG Version 10 (effective October 1992 - September 1993). Discontinued in 2000.
DRG18	DRG Version 18 (effective October 2000 - September 2001). Available beginning in 1998.
DRGVER	Grouper version in use on discharge date
DSHOSPID	Hospital number as received from the data source
DX1-DX15	Principal and secondary diagnoses
DXCCS1-DXCCS15	Clinical Classifications Software (CCS) category for all diagnoses
FEMALE	Gender of patient: (0) male, (1) female
HOSPID	HCUP hospital number (links to Hospital Weights file)
HOSPST	State postal code for hospital (e.g., AZ for Arizona)
HOSPSTCO	Modified Federal Information Processing Standards (FIPS) State/county code for hospital, links to Area Resource File (available from the Bureau of Health Professions, Health Resources and Services Administration)
KEY	Unique record number
LOS	Length of stay, edited
LOS_X	Length of stay, as received from data source
MDC	Major Diagnosis Category (MDC) in use on discharge date
MDC10	MDC Version 10 (effective October 1992 - September 1993). Discontinued in 2000.
MDC18	MDC Version 18 (effective October 2000 - September 2001). Available beginning in 1998.

Table 3. Data Elements in the NIS Inpatient Core Files, Starting in 1998 (Continued)

Data Element	Description (numbers in brackets indicate variable coding)
MDID_S	Synthetic attending physician number, available prior to 2001. This data element was renamed MDNUM1_S beginning in 2001.
MDNUM1_S	Synthetic attending physician number . This data element was called MDID_S prior to 2001 and was renamed beginning in 2001.
MDNUM2_S	Synthetic secondary physician number. This data element was called SURGID_S prior to 2001 and was renamed beginning in 2001.
NDX	Number of diagnoses coded on the original record
NEOMAT	Neonatal/maternal flag: (0) not maternal or neonatal, (1) maternal diagnosis or procedure, (2) neonatal diagnosis, (3) maternal and neonatal on same record
NIS_STRATUM	Stratum used to sample hospitals, based on geographic region, control, location/teaching status, and bed size
NPR	Number of procedures coded on the original record
PAY1	Expected primary payer, uniform: (1) Medicare, (2) Medicaid, (3) private including HMO, (4) self-pay, (5) no charge, (6) other
PAY1_X	Expected primary payer, as received from the data source. Available beginning in 1998.
PAY2	Expected secondary payer, uniform: (1) Medicare, (2) Medicaid, (3) private including HMO, (4) self-pay, (5) no charge, (6) other
PAY2_X	Expected secondary payer, as received from the data source. Available beginning in 1998.
PR1-PR15	Principal and secondary procedures
PRCCS1-PRCCS15	Clinical Classifications Software (CCS) for all procedures
PRDAY1-PRDAY15	For each procedure, the number of days from admission. Day of secondary procedures available beginning in 1998.
RACE	Race includes (1) white, (2) black, (3) Hispanic, (4) Asian or Pacific Islander, (5) Native American, (6) other. This data element is not available in all states.
SURGID_S	Synthetic second physician number, available prior to 2001. This is often the primary surgeon. This data element was renamed MDNUM2_S beginning in 2001.
TOTCHG	Total charges, edited
TOTCHG_X	Total charges, as received from data source
YEAR	Calendar year
ZIPINC	Median household income for patient's ZIP Code: (1) $1-$24,999, (2) $25,000-$34,999, (3) $35,000-$44,999, (4) $45,000 and above

*For categorical data elements with _X suffix, see Description of Data Elements (on the NIS Documentation CD-ROM) for state-specific coding.

Table 4.   Data Elements in the NIS Hospital Weights File, Starting in 1998

Note: Beginning in 1998, the NIS differs from previous NIS releases; some data elements were dropped, some added, and for some data elements the values were changed.

Data Element	Description (numbers in brackets indicate variable coding)
AHAID	AHA hospital identifier that matches AHA Annual Survey of Hospitals (not available for all states)
DISCWT	Discharge weight on Core file and Hospital Weights file. In all data years except 2000, this weight is used to create national estimates for all analyses. In 2000 only, this weight is used to create national estimates for all analyses excluding those that involve total charges. Discharge weights to the sample frame and state are available only in 1988-1997.
DISCWTcharge	Discharge weight for national estimates of total charges on Core file and Hospital Weights file. Only available in 2000.
HOSPADDR	Hospital address from AHA Survey (not available for all states)
HOSPCITY	Hospital city from AHA Survey (not available for all states)
HOSPID	HCUP hospital number (links to inpatient Core files)
HOSPNAME	Hospital name from AHA Survey (not available for all states)
HOSPST	Hospital state postal code for hospital (e.g., AZ for Arizona)
HOSPWT	Weight to hospitals in AHA universe
HOSPZIP	Hospital zip code from AHA Survey (not available for all states)
HOSP_BEDSIZE	Bed size of hospital: (1) small, (2) medium, (3) large
HOSP_CONTROL	Control/ownership of hospital: (0) government or private, collapsed category, (1) government, nonfederal, public, (2) private, non-profit, voluntary, (3) private, invest-own, (4) private, collapsed category
HOSP_LOCATION	Location: (0) rural, (1) urban
HOSP_LOCTEACH	Location/teaching status of hospital: (1) rural, (2) urban non-teaching, (3) urban teaching
HOSP_REGION	Region of hospital: (1) Northeast, (2) Midwest, (3) South, (4) West
HOSP_TEACH	Teaching status of hospital: (0) non-teaching, (1) teaching
IDNUMBER	AHA hospital identifier without the leading 6 (not available for all states)
NIS_STRATUM	Stratum used to sample hospitals; includes geographic region, control, location/teaching status, and bed size
N_DISC_U	Number of AHA universe discharges in NIS_STRATUM
N_HOSP_U	Number of AHA universe hospitals in NIS_STRATUM
S_DISC_U	Number of sample discharges in NIS_STRATUM
S_HOSP_U	Number of sample hospitals in NIS_STRATUM
TOTAL_DISC	Total number of discharges from this hospital in the NIS
YEAR	Calendar year

HCUP NIS APPLICATION

The Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS) is now available through the HCUP Central Distributor under the auspices of the Agency for Healthcare Research and Quality (AHRQ). The NIS database excludes data elements that could directly or indirectly identify individuals. Access to the files is open to users who sign a Data Use Agreement. Users must agree to use the database for research and statistical purposes only and to make no attempts to identify individuals.

Directions to Complete the HCUP NIS Application:

1. Print or type all responses. An electronic copy is available on request.

2. Complete Part I: Organization and/or Individual Requesting Use of the HCUP NIS (page 10).

3. Complete Part II: Selection of HCUP NIS (page 11).

4. Determine the Total Payment Due and Select Payment Method (Part III, pages 12 - 13).

5. Read and sign the Indemnification Clause (Part IV, page 14).

6. Read and sign the Data Use Agreement for Nationwide Inpatient Sample (Part V, pages 15 - 16).

7. Submit the completed application (pages 10 - 17):

> *HCUP Central Distributor*
> *Social & Scientific Systems, Inc.*
> *8757 Georgia Avenue, 12th Floor*
> *Silver Spring, MD 20910*
>
> *Telephone: (866) 556-4287-toll free   Fax: (301) 628-3201   E-mail: hcup@s-3.com*

General Information:

Applicant Name:

Position/Title:

Organization (include Branch, Division, Department):

Street Address:

City: State: Zip Code:

Phone Number: Fax:

Internet Address:

The price of the NIS has been set to cover the full costs associated with disseminating it to data requesters. The price includes labor costs related to handling inquiries, preparing data files, and copying documentation; and the costs associated with materials and shipping.

If you have questions or want more information, please contact the HCUP Central Distributor by phone at (866) 556-4287 (toll free), by fax at (301) 628-3201, or by e-mail at hcup@s-3.com.

Database	Media/structure	Price
NIS, 2001	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 200
NIS, 2000	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 200
NIS, 1999	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 160
NIS, 1998	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 160
NIS, Release 6, 1997	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 160
NIS, Release 5, 1996	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 160
NIS, Release 4, 1995	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 160
NIS, Release 3, 1994	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 160
NIS, Release 2, 1993	1 year of data in 2-CD set, compressed files in ASCII format	❑ $ 160
NIS, Release 1, 1988-1992	5 years of data in 6-CD set, compressed files in ASCII format	❑ $ 322

Total Payment Due

To determine the payment due, choose one option. Note that the HCUP Central Distributor collects taxes only from applicants in Maryland. All other applicants are responsible for determining tax liability and remitting taxes directly to state and local taxing authorities.

Option 1: Submit the completed application (pages 10-17), without payment, to the *HCUP Central Distributor* by fax at (301) 628-3201 or mail. The address is listed below. An itemized invoice will be faxed or e-mailed to you stating the total payment due, including taxes for applicants in Maryland.

Option 2: Contact the *HCUP Central Distributor* by phone at (866) 556-4287 and specify which HCUP databases you are requesting. You will be notified of the total payment due, including taxes for applicants in Maryland.

TOTAL PAYMENT DUE	
NIS Data Cost From Part II:	$_____
Tax (MD applicants only):	$_____
Total Payment Due:	$_____

Orders will not be filled until full payment has been received.

Payment Method

The HCUP Central Distributor accepts payment by major credit card or check.

Paying by Credit Card

Visa, MasterCard, Discover and American Express are accepted. Your credit card is not charged until the day your order is shipped. A credit card receipt for your purchase is included with the order.

Credit card information is accepted by mail or telephone. If you would like to mail the information, please complete items 1 – 10 of the Credit Card Payment form on the next page and mail it with your itemized invoice or completed application to the following address:

> *HCUP Central Distributor*
> *Social & Scientific Systems, Inc.*
> *8757 Georgia Avenue, 12th Floor*
> *Silver Spring, MD 20910*

If you prefer to provide your credit card information by telephone, please call toll-free at (866) 556-4287 between 9 a.m. and 5 p.m. Eastern Time.

Paying by Check

Checks should be made payable to *Social & Scientific Systems, Inc.* Mail a check for the total payment due with your itemized invoice or completed application. The address is listed above.

Credit Card Payment Form

If you would like to pay by credit card, please complete items 1 – 10 of this form and enclose it with your application. If you prefer to provide your credit card information by telephone, please call toll-free at (866) 556-4287 between 9 a.m. and 5 p.m. Eastern Time.

1. Date: _____

2. Individual/Company Name: _____

3. Names On Credit Card: _____

Please list the names on the credit card exactly as they are shown on the card.

_____

_____

4. Type Of Credit Card: MASTERCARD   VISA   DISCOVER   AMERICAN EXPRESS

5. Amount: _____

6. Credit Card Number: _____

7. Expiration Date: _____

8. Credit Card Billing Address: _____

_____

9. City, State & Zip Code: _____

10. Customer Signature: _____

For Office Use Only

Verbal Authorization For Signature: *Yes*   *No*

Person Requesting Credit Card Processing: _____

Requester's Phone Number And Extension: _____

Project Code Number: _____

Date Processed: _____   *Invoice Numbers Paid:* _____

Project Code: _____   _____

Input By: _____

Recipient shall indemnify and hold The MEDSTAT Group, Inc. and its directors, officers, employees, agents, affiliates and subsidiaries harmless from any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees and costs) arising out of any claim arising from any third parties, including but not limited to any or some combination of the several States comprising the United States of America and/or the Government of the United States of America, concerning Recipient's use of the NIS data provided by The MEDSTAT Group, Inc. Further, Recipient agrees that The MEDSTAT Group, Inc. shall not be liable to Recipient for any reason whatsoever arising out of the NIS data or the Recipient's use of the NIS data.

Recipient certifies and warrants that it has made no representations to The MEDSTAT Group, Inc. concerning any uses it (Recipient) intends to make of the NIS data provided by The MEDSTAT Group, Inc. under the terms and conditions of The MEDSTAT Group, Inc. contract with the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Further, Recipient agrees that no representation of Recipient as to the Recipient's intended use of the NIS data was used to determine whether the Recipient's request to use NIS data would be approved.

Recipient shall indemnify and hold Social & Scientific Systems, Inc. (SSS) and its directors, officers, employees, owners, and agents harmless from any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees and costs) arising out of any claim arising from any third parties, including but not limited to any or some combination of the several States comprising the United States of America and/or the Government of the United States of America, concerning Recipient's use of NIS data provided by SSS. Further, Recipient agrees that SSS shall not be liable to Recipient for any reason whatsoever arising out of the NIS data or the Recipient's use of the NIS data.

Recipient certifies and warrants that it has made no representations to SSS concerning any uses it (Recipient) intends to make of the NIS data provided by SSS under the terms and conditions of its contract with the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Further, Recipient agrees that no representation of Recipient as to the Recipient's intended use of the NIS data was used to determine whether the Recipient's request to use NIS data would be approved.

Signed: _____   Date: _____

Part V: Data Use Agreement for Nationwide Inpatient Sample

This agreement must be signed by anyone seeking to use data in the Nationwide Inpatient Sample (NIS) maintained by the Center for Delivery, Organization, and Markets (CDOM), Agency for Healthcare Research and Quality (AHRQ) before access to such data can be granted. All data maintained by CDOM/ AHRQ is confidential or proprietary except data specified for restricted access public release, or data authorized by AHRQ and the original data source for re-release.

Under section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)), data that identifies individuals or establishments collected by the Agency for Healthcare Research and Quality (AHRQ) may be used only for the purpose for which they were collected. Data supplied to AHRQ under the auspices of HCUP were provided by the data sources only for research, analysis, and aggregate statistical reporting.

No identification of persons--Any effort to determine the identity of any person contained in the databases (including but not limited to patients, physicians, and other health care providers) or to use the information for any purpose other than for research, analysis, and aggregate statistical reporting would violate the conditions of this data use agreement and therefore the above-referenced AHRQ confidentiality statute. Furthermore, under the statute, no identifying information may be published or released in any way without the consent of the person who supplied the information or who can be identified by the information. AHRQ omits from the data set all direct personal identifiers, as well as characteristics that might lead to identification of persons. It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the data sets the identity of particular persons. Considerable harm could ensue if this were done. By virtue of this agreement, the undersigned agrees that such attempts will be prohibited and that information which could identify individuals directly or by inference will not be released or published. Because of these restrictions, users of the data must agree that they will not attempt to contact individuals for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

Use of Establishment identifiers--Section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) also restricts the use of any information that allows the identification of establishments to the purpose for which the information was collected. Permission was obtained from the data sources (state data organizations, hospital associations, and data consortia) to use the identification of hospitals (when such identification appears in the data sets) for the purpose of conducting research only. Such research purpose includes linking institutional information from outside data sets for analysis and aggregate statistical reporting. Such purpose does not include the use of information in the data sets concerning individual establishments for commercial or competitive purposes involving those individual establishments, or to determine the rights, benefits, or privileges of establishments. Users of the data must not identify establishments directly or by inference in disseminated material. In addition, users of the data must not contact establishments for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

The undersigned gives the following assurances with respect to the AHRQ data sets.

- I will not use nor permit others to use the data in these sets in any way except for research, analysis, and aggregate statistical reporting;

- I will require others in the organization (specified below) who use the data to sign this agreement (specifically acknowledging their agreement to abide by its terms) and will submit those signed agreements to AHRQ;

- I will ensure that the data are kept in a secured environment and that only authorized users have access to the data;

- I will not release nor permit others to release any information that identifies persons, directly or indirectly; I will not release information where the number of observations (i.e., discharge records) in any given cell of tabulated data is less than or equal to 10;

- I will not release nor permit others to release the data sets or any part of them to any person who is not a member of the organization (specified below), except with the approval of AHRQ;

- I will not attempt to link nor permit others to attempt to link the hospital stay records of persons in this data set with personally identifiable records from any other source;

Data Use Agreement for HCUP Nationwide Inpatient Sample (continued)

- I will not attempt to use nor permit others to use the datasets to learn the identity of any person included in any set;

- I will not use nor permit others to use the data concerning individual establishments (1) for commercial or competitive purposes involving those individual establishments, (2) to determine the rights, benefits, or privileges of individual establishments nor (3) to report, through any medium, data that could identify, directly or by inference, individual establishments;

- When the identities of establishments are not provided on the data sets, I will not attempt to use nor permit others to use the data sets to learn the identity of any establishment in the data sets;

- I will not contact nor permit others to contact establishments or persons in the data sets to question, verify, or discuss data in the HCUP databases;

- I will indemnify, defend, and hold harmless the data sources and AHRQ from any or all claims and losses accruing to any person, organization, or other legal entity as a result of violation of this agreement. This provision applies only to the extent permitted by federal law and regulation (i.e., to the extent permitted by 31 United States Code Section 1341 (Subtitle II, Chapter 13, Subchapter III, "Limitations on Expending and Obligating Amounts."));

- I will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn are those of data sources or AHRQ;

- I will acknowledge in all reports based on these data that the source of the data is the "Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality".

I understand that these assurances are collected for the United States Agency for Healthcare Research and Quality to require compliance with its statutory confidentiality requirement. My signature indicates my agreement to comply with the above-stated requirements with the knowledge that any violation of this statute is subject to a civil penalty of up to $10,000 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to $10,000 or up to five years in prison. Violators of this agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

Signed:_____ Date:_____

Print or Type Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State:_____ Zip code:_____

Phone Number: _____ Fax:_____ E-mail:_____

Note to Purchaser: Shipment of the data product will only be made to the person who signs this data use agreement.

Final Checklist:

✓ *Have you completed Part I and Part II of the application (pages 10 and 11)?*

✓ *Have you exercised option 1 or 2 in terms of total payment (page 12)?*

✓ *If paying by check, have you enclosed a check payable to **Social & Scientific Systems, Inc** for the full amount due (page 12)?*

✓ *If paying by credit card, have you completed and signed the credit card payment form (page 13)?*

✓ *Have you read and signed the Indemnification Clause (page 14)?*

✓ *Have you read and signed the "Data Use Agreement for Nationwide Inpatient Sample" (pages 15 - 16)?*

✓ *Submit your application (pages 10 -17) by fax or mail to the HCUP Central Distributor, SSS, Inc. Contact information is listed on page 9.*

For Internal Use Only:

Date Received:_____   DUA Signed/Dated:_____   Order Number:_____

Application Complete:_____   Payment Received:_____   Date Shipped: _____